

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

UNCLAIMED DIVIDENDS/DISTRIBUTION LESS THAN \$5 FOR DEPOSIT TO REGISTRY FUND

DEBTOR: BRENDA J. WILLIAMS

CASE NUMBER: 08-34796:

PLEASE CHECK ONE:

☐ UNCLAIMED DIVIDENDS

☒ DISTRIBUTION LESS THAN \$5

RECEIVED
11 JUN 14 PM 12:33
U.S. BANKRUPTCY COURT
ST. PAUL, MN

CREDITOR (NAME AND LAST KNOWN ADDRESS)	CLAIM NO.	AMOUNT CLAIMED	DISTRIBUTION AMOUNT
Lakeview Hospital Box 86 SDS 12 2509 Minneapolis, MN 55486	9	\$250.00	\$3.65
US Bank PO Box 5229 Cincinnati, OH 45201	13	\$46.51	\$.68

DATE June 13, 2011


TRUSTEE


DISTRIBUTION:

Original to Clerk of Court

B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT District of Minnesota		PROOF OF CLAIM
Name of Debtor: Brenda J Williams		Case Number: 08-34796
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Lakeview Hospital		<div style="text-align: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">U.S. BANKRUPTCY COURT</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">ST. PAUL, MN</div> </div> <div style="text-align: center; margin-top: 10px;"> 08 NOV 24 PM 12:43 </div>
Name and address where notices should be sent: Lakeview Hospital Box 86 SDS 12 2509 Minneapolis MN 55486-0086		
Telephone number: 651-430-4533		
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number:		
1. Amount of Claim as of Date Case Filed: \$ 250.00 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(). Amount entitled to priority: \$ _____
2. Basis for Claim: Services Performed (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: 8003 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: % Amount of arrearage and other charges as of time case filed included in secured claim, If any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: 11.20.08	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Mike Powers Collections Representative Mike Powers	
Send original to: U.S. Bankruptcy Court 200 Warren E Burger Federal Bldg & U.S. Courthouse 316 North Robert St. St. Paul, MN 55101		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT		District of Minnesota	PROOF OF CLAIM Chapter: 7 Asset
Name of Debtor: Brenda J. Williams		Case Number: 08-34796-GFK	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): U.S. Bank N.A.			
Name and address where notices should be sent: P.O. Box 5229 Cincinnati, OH 45201		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Telephone number: 877-254-7827			
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement given particulars.	
Telephone number:		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
11. Amount of Claim as of Date Case Filed: \$ 46.51 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(). Amount entitled to priority: \$ _____	
2. Basis for Claim: Money Loaned (See instruction #2 on reverse side.)			
3. Last four digits of any number by which creditor identifies debtor: 3185 3a. Debtor may have scheduled account as: Overdrawn checking acct. (See instruction #3a on reverse side)			
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: _____			
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
Date: 12/2/08	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="text-align: center;">  Norma Noll, Bankruptcy Representative </div>		FOR COURT USE ONLY

PATTI J. SULLIVAN
UNITED STATES CHAPTER 7 PANEL TRUSTEE
1595 Selby Avenue, Suite 205, St. Paul, MN 55104
Telephone: (651) 699-4825
Facsimile: (651) 699-4831

June 13, 2011

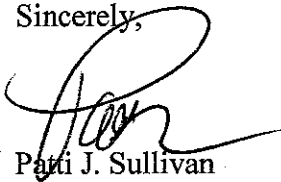
Clerk of Bankruptcy Court
U.S. Bankruptcy Court
200 Warren Burger Federal Bldg.
316 North Robert Street
St. Paul, MN 55101

Re: Brenda J. Williams
Bankruptcy Case No.: 08-34796

To Whom It May Concern:

Enclosed herein, please find the Trustee's Unclaimed Dividend/Distribution Less Than \$5 for Deposit to Registry Funds report, along with check no. 121 the amount of \$4.33 regarding the above-referenced case. If you have any questions, please feel free to contact me. Thank you.

Sincerely,



Patti J. Sullivan
Trustee in Bankruptcy

PJS: pame

Enclosures